

22nd ANNUAL MAKE A DIFFERENCE DAY KILLEEN VOLUNTEERS, INC. PROJECT SUBMISSION FORM



Your Organization o	r Group	Name:			
Address:			_ City:	Zip:	
Point of Contact:			Phone:		
			Fax :		
Adopted Group Name	(Prov	oject Description Name/Number ide a brief description of eeds to be accomplished)	# Volunteers Needed (How many volunteers are needed?)	Project Date & Time	Supplies You Will Need to Complete Project
1)					
2)					
3)					
*Disclaimer: Ki An adult s	lleen Vol superviso	mpleted by Saturday, Odlunteers, Inc. is not respons	onsible for any dama ne volunteer group m	<mark>ust be onsite</mark> te:	
Project Submission		s due no later than Frida gency. Organization/age	ay, October 8, 2015.		
Submission Form i				-	_
Mail Completed Form To:		Killeen Volunteers, Inc. P. O. Box 1329 Killeen, TX 76540-1329 Telephone: 254-501-7878			

Form can also be dropped off at: City Hall, 101 N. College Street, Killeen, TX 76540, Room 228

Or Email to: plewis@killeentexas.gov - rflores-achmad@killeentexas.gov